



| No.   | Item   | N/A                      | Incl.                    |
|---|--|--------------------------|--------------------------|
|   | A. Special Conditions, if Applicable   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | B. Exhibit A, Legal Description  |                          | <input type="checkbox"/> |
|   | C. Exhibit B, Index to Drawing and Specifications  |                          | <input type="checkbox"/> |
|   | <del>C.</del> D. Exhibit C, List of Major Movables   |                          | <input type="checkbox"/> |
| <del>1-5.</del>                                   | <del>HUD-92329, Property Insurance Schedule</del>  |                          | <input type="checkbox"/> |
| <del>1-6.1.</del>                                 | <del>Property Insurance Requirements</del>   |                          | <input type="checkbox"/> |
|   | A. HUD-92447, Property Insurance Requirements  |                          | <input type="checkbox"/> |
|   | Update and Additional Property Insurance Requirements (Appendix 2, H 01-03) Requirement  |                          | <input type="checkbox"/> |
| <del>1-7.1.</del>                                 | <del>Lender's Consolidated Certification</del>   |                          | <input type="checkbox"/> |
| <del>1-8.1.</del>                                 | <del>Contact List</del>  |                          | <input type="checkbox"/> |
| <del>1-8.</del>                                   | <del>Copies of any email guidance provided by HUD on this project before the submittal.</del>  |                          | <input type="checkbox"/> |
| <del>1-9.</del>                                   | <del>Waiver Requests (use form HUD-2, Request for Waiver of Housing Directive)</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 2: Third Party Reports<sup>4</sup></b> |  |                          |                          |
| 2-1.  | Appraisal  |                          | <input type="checkbox"/> |
| 2-2.  | Market Study (if not provided at Pre-Application Stage)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-3.  | Environmental (if not provided at Pre-Application Stage or with Early Commencement Documents)  |                          | <input type="checkbox"/> |
|   | A. Phase I Environmental Report  |                          | <input type="checkbox"/> |
|   | B. Draft 4128 and additional reports as applicable   |                          | <input type="checkbox"/> |
|   | C. Phase II Environmental Report (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | D. Biological Assessment (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | E. Other Specify (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | F. Other Specify (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-4.  | Architectural Analyst Report   |                          | <input type="checkbox"/> |
|   | A. Inspection Report   |                          | <input type="checkbox"/> |
|   | B. Seismic Analysis (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | C. Engineer & Specialty Reports (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-5   | Construction Cost Analyst Report   |                          | <input type="checkbox"/> |
| <b>Section 3: Mortgagor</b>                       |  |                          |                          |
| 3-1.  | Organizational Chart   |                          | <input type="checkbox"/> |
| 3-2.  | Organizational Documents   |                          | <input type="checkbox"/> |
|   | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC   |                          | <input type="checkbox"/> |
|   | A. Articles of Incorporation A. Partnership Agreement A. Articles of Organization  |                          | <input type="checkbox"/> |
|   | B. Bylaws B. Cert. of Partnership B. Operating Agreement   |                          | <input type="checkbox"/> |
|   | C. Authorizing Resolution C. Authorizing Resolution C. Authorizing Resolution  |                          | <input type="checkbox"/> |
| 3-2.3.  | 2530/APPS:   |                          | <input type="checkbox"/> |
|   | A. Paper 2530:   |                          | <input type="checkbox"/> |
|   | 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   | OR   |                          | <input type="checkbox"/> |
|   | B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign                                     | <input type="checkbox"/> | <input type="checkbox"/> |

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|   | for other principals with same participation) <b>Organizational Documents</b>  |                          | <input type="checkbox"/> |
|   | A. Corporate   |                          | <input type="checkbox"/> |
|   | 1. Articles of Incorporation   |                          | <input type="checkbox"/> |
|   | 2. Bylaws  |                          | <input type="checkbox"/> |
|   | 3. Authorizing Resolutions   |                          | <input type="checkbox"/> |
|   | B. Partnership   |                          | <input type="checkbox"/> |
|   | 1. Partnership Agreement   |                          | <input type="checkbox"/> |
|   | 2. Certificate of Partnership  |                          | <input type="checkbox"/> |
|   | 3. Authorizing Resolutions   |                          | <input type="checkbox"/> |
|   | C. Limited Liability Company   |                          | <input type="checkbox"/> |
|   | 1. Articles of Organization  |                          | <input type="checkbox"/> |
|   | 2. Operating Agreement   |                          | <input type="checkbox"/> |
|   | Authorizing Resolutions  |                          | <input type="checkbox"/> |
| 3-3.3-  | <b>Mortgagor's Consolidated Certification</b> Nonprofit Mortgagor <sup>5</sup> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | A. HUD 3433, Eligibility as a Nonprofit  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Detailed explanation of motivations for project                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-4-  | <b>APPS Certification</b>  |                          | <input type="checkbox"/> |
| 3-5-  | <b>Mortgagor's Consolidated Certification</b>                                  |                          | <input type="checkbox"/> |
| 3-6.3-  | Credit Report  |                          | <input type="checkbox"/> |
| 3-7.3-  | Financial Statements – Year-to-Date <sup>6</sup>                               |                          | <input type="checkbox"/> |
|   | A. Balance Sheet   |                          | <input type="checkbox"/> |
|   | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 3. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 4. Schedule of Marketable Securities   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 5. Schedule of Accounts Payable  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 6. Schedule of Notes and Mortgages Payable                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 7. Schedule of Legal Proceedings   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | B. Financial Statement Certification   |                          | <input type="checkbox"/> |
| <b>Section 4: Principal of Mortgagor</b> (complete for each principal) <sup>7</sup> <a href="#">List Principal Here</a> |  |                          |                          |
| 4-1.  | Organizational Chart (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-2.  | Organizational Documents (if applicable)                                       |                          | <input type="checkbox"/> |
|   | A. Corporate   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1. Articles of Incorporation   |                          | <input type="checkbox"/> |
|   | 2. Bylaws  |                          | <input type="checkbox"/> |
|   | 3. Authorizing Resolutions   |                          | <input type="checkbox"/> |
|   | B. Partnership   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1. Partnership Agreement   |                          | <input type="checkbox"/> |
|   | 2. Certificate of Partnership  |                          | <input type="checkbox"/> |
|   | 3. Authorizing Resolutions   |                          | <input type="checkbox"/> |
|   | C. Limited Liability Company   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1. Articles of Organization  |                          | <input type="checkbox"/> |
|   | 2. Operating Agreement   |                          | <input type="checkbox"/> |
|   | Authorizing Resolutions  |                          | <input type="checkbox"/> |
|   | <input type="checkbox"/> Partnership <input type="checkbox"/> LLC              |                          | <input type="checkbox"/> |
|   | <input type="checkbox"/> Corporation   |                          | <input type="checkbox"/> |
|   | A. Articles of Incorp.   | A. Partnership Agree'm't | A. Articles of Organiz'n |
|   | B. Bylaws  | B. Cert. of Partnership  | B. Operating Agreement   |

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| No.                                 | Item  | N/A                      | Incl.                    |
|-------------------------------------|---|--------------------------|--------------------------|
| <b>4-9.</b>                         | <b>Financial Statements – FY 20XX<sup>10</sup></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | <b>A. <u>Balance Sheet</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 1. <u>Aging of Accounts Receivable</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 2. <u>Aging of Notes Receivable</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 3. <u>Schedule of Pledged Assets</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 4. <u>Schedule of Marketable Securities</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 5. <u>Schedule of Accounts Payable</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 6. <u>Schedule of Notes and Mortgages Payable</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 7. <u>Schedule of Legal Proceedings</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | <b>B. <u>Income and Expense Statement</u></b>   |                          | <input type="checkbox"/> |
|                                     | <b>C. <u>Financial Statement Certification</u></b>  |                          | <input type="checkbox"/> |
| <b>4-10.</b>                        | <b>Financial Statements – FY 20XX<sup>10</sup></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | <b>A. <u>Balance Sheet</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 1. <u>Aging of Accounts Receivable</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 2. <u>Aging of Notes Receivable</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 3. <u>Schedule of Pledged Assets</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 4. <u>Schedule of Marketable Securities</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 5. <u>Schedule of Accounts Payable</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 6. <u>Schedule of Notes and Mortgages Payable</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 7. <u>Schedule of Legal Proceedings</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | <b>B. <u>Income and Expense Statement</u></b>   |                          | <input type="checkbox"/> |
|                                     | <b>C. <u>Financial Statement Certification</u></b>  |                          | <input type="checkbox"/> |
| <b>4-11.</b>                        | <b>Personal Financial Statements (HUD 92417) <i>(To be completed by individuals)</i><sup>8</sup></b>  |                          |                          |
| <b>Section 5: Operator (Lessee)</b> |   | <input type="checkbox"/> |                          |
| <b>5-1.</b>                         | <b><u>Organizational Chart</u></b>  |                          | <input type="checkbox"/> |
| <b>5-2.</b>                         | <b><u>Organizational Documents</u></b>  |                          | <input type="checkbox"/> |
|                                     | <input type="checkbox"/> <u>Corporation</u> <input type="checkbox"/> <u>Partnership</u> <input type="checkbox"/> <u>LLC</u>   |                          |                          |
|                                     | A. <u>Articles of Incorp.</u> A. <u>Partnership Agree'm't</u> A. <u>Articles of Organiz'n</u>   |                          | <input type="checkbox"/> |
|                                     | B. <u>Bylaws</u> B. <u>Cert. of Partnership</u> B. <u>Operating Agreement</u>   |                          | <input type="checkbox"/> |
|                                     | C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u>   |                          | <input type="checkbox"/> |
| <b>5-3.</b>                         | <b>A. <u>Resume/Evidence that individual or entity is qualified</u></b>   |                          | <input type="checkbox"/> |
|                                     | <b>B. <u>Schedule of Facilities Owned, Operated or Managed</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5-4.</b>                         | <b>2530/APPS:<sup>10</sup></b>  |                          |                          |
|                                     | <b>A. Paper 2530:</b>   |                          |                          |
|                                     | 1. <u>Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</u>                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | 2. <u>Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (<a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a>)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | <b>OR</b>   |                          |                          |
|                                     | <b>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</b>                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5-5.</b>                         | <b><u>Operator's Consolidated Certification</u></b>   |                          | <input type="checkbox"/> |

| No.          | Item  | N/A                      | Incl.                    |
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| <b>5-6.</b>  | <b>Credit Report</b>  |                          |                          |
|              | A. Operator (Lessee)  |                          | <input type="checkbox"/> |
|              | B. Sampling of Operator's Other Business Concerns                     | <input type="checkbox"/> | <input type="checkbox"/> |
|              | C. Senior officers of the operator                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|              | D. Any stockholder with a 25 percent or more interest in the operator | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5-7.</b>  | <b>Financial Statements – Year-to-Date<sup>5</sup></b>                |                          |                          |
|              | A. Balance Sheet  |                          | <input type="checkbox"/> |
|              | 1. Aging of Accounts Receivable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 2. Aging of Notes Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 3. Schedule of Pledged Assets   | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 4. Schedule of Marketable Securities                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 5. Schedule of Accounts Payable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 6. Schedule of Notes and Mortgages Payable                            | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 7. Schedule of Legal Proceedings                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|              | B. Income and Expense Statement                                       |                          | <input type="checkbox"/> |
|              | C. Financial Statement Certification                                  |                          | <input type="checkbox"/> |
| <b>5-8.</b>  | <b>Financial Statements – FY 20XX<sup>11</sup></b>                    |                          |                          |
|              | A. Balance Sheet  |                          | <input type="checkbox"/> |
|              | 8. Aging of Accounts Receivable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 9. Aging of Notes Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 10. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 11. Schedule of Marketable Securities                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 12. Schedule of Accounts Payable                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 13. Schedule of Notes and Mortgages Payable                           | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 14. Schedule of Legal Proceedings                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|              | B. Income and Expense Statement                                       |                          | <input type="checkbox"/> |
|              | C. Financial Statement Certification                                  |                          | <input type="checkbox"/> |
| <b>5-9.</b>  | <b>Financial Statements – FY 20XX<sup>10</sup></b>                    |                          |                          |
|              | A. Balance Sheet  |                          | <input type="checkbox"/> |
|              | 1. Aging of Accounts Receivable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 2. Aging of Notes Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 3. Schedule of Pledged Assets   | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 4. Schedule of Marketable Securities                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 5. Schedule of Accounts Payable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 6. Schedule of Notes and Mortgages Payable                            | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 7. Schedule of Legal Proceedings                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|              | B. Income and Expense Statement                                       |                          | <input type="checkbox"/> |
|              | C. Financial Statement Certification                                  |                          | <input type="checkbox"/> |
| <b>5-10.</b> | <b>Financial Statements – FY 20XX<sup>10</sup></b>                    |                          |                          |
|              | A. Balance Sheet  |                          | <input type="checkbox"/> |
|              | 1. Aging of Accounts Receivable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 2. Aging of Notes Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 3. Schedule of Pledged Assets   | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 4. Schedule of Marketable Securities                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 5. Schedule of Accounts Payable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 6. Schedule of Notes and Mortgages Payable                            | <input type="checkbox"/> | <input type="checkbox"/> |
|              | 7. Schedule of Legal Proceedings                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|              | B. Income and Expense Statement                                       |                          | <input type="checkbox"/> |

| No.                                  | Item  | N/A                      | Incl.                    |
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|                                      | <u>C. Financial Statement Certification</u>   |                          | <input type="checkbox"/> |
| <b>5-11.</b>                         | <u>A. Operating Lease with HUD Addendum</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | <u>B. Memorandum of Lease</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | <u>C. Subordination, Non-Disturbance &amp; Attornment Agreement (SNDA) (if applicable for non-related owner and operator)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | <u>D. Estoppel Certification</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 6: Parent of Operator</b> |   | <input type="checkbox"/> |                          |
| <b>6-1.</b>                          | Organizational Chart  |                          | <input type="checkbox"/> |
| <b>6-2.</b>                          | Organizational Documents  |                          | <input type="checkbox"/> |
|                                      | <u>A. Corporate</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 1. <u>Articles of Incorporation</u>   |                          | <input type="checkbox"/> |
|                                      | 2. <u>Bylaws</u>  |                          | <input type="checkbox"/> |
|                                      | 3. <u>Authorizing Resolutions</u>   |                          | <input type="checkbox"/> |
|                                      | <u>B. Partnership</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 1. <u>Partnership Agreement</u>   |                          | <input type="checkbox"/> |
|                                      | 2. <u>Certificate of Partnership</u>  |                          | <input type="checkbox"/> |
|                                      | 3. <u>Authorizing Resolutions</u>   |                          | <input type="checkbox"/> |
|                                      | <u>C. Limited Liability Company</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 1. <u>Articles of Organization</u>  |                          | <input type="checkbox"/> |
|                                      | 2. <u>Operating Agreement</u>   |                          | <input type="checkbox"/> |
|                                      | <u>Authorizing Resolutions</u> <input type="checkbox"/> Partnership <input type="checkbox"/> LLC                              |                          | <input type="checkbox"/> |
|                                      | <input type="checkbox"/> Corporation  |                          | <input type="checkbox"/> |
|                                      | A. <u>Articles of Incorp.</u> A. <u>Partnership Agree'm't</u> A. <u>Articles of Organiz'n</u>                                 |                          | <input type="checkbox"/> |
|                                      | B. <u>Bylaws</u> B. <u>Cert. of Partnership</u> B. <u>Operating Agreement</u>   |                          | <input type="checkbox"/> |
|                                      | C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u> C. <u>Authoriz'g Resolution</u>                               |                          | <input type="checkbox"/> |
| <b>5-1.</b>                          | <u>A. Resume</u>  |                          | <input type="checkbox"/> |
|                                      | <u>B. Schedule of Facilities Owned, Operated or Managed</u>   |                          | <input type="checkbox"/> |
| <b>5-2.</b>                          | <u>APPS Certification</u>   |                          | <input type="checkbox"/> |
| <b>5-3.</b>                          | <u>Operator's Consolidated Certification</u>  |                          | <input type="checkbox"/> |
| <b>5-4.</b>                          | <u>Credit Report</u>  |                          | <input type="checkbox"/> |
|                                      | <u>A. Operator (Lessee)</u>   |                          | <input type="checkbox"/> |
|                                      | <u>B. Sampling of Operator's Other Business Concerns</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6-3.</b>                          | <u>Financial Statements — Year to Date<sup>5</sup></u>  |                          | <input type="checkbox"/> |
|                                      | <u>A. Balance Sheet</u>   |                          | <input type="checkbox"/> |
|                                      | 1. <u>Aging of Accounts Receivable</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 2. <u>Aging of Notes Receivable</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | <u>A. Resume/Evidence that individual or entity is qualified</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 3. <u>Schedule of Pledged Assets</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 4. <u>Schedule of Marketable Securities</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 5. <u>Schedule of Accounts Payable</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 6. <u>Schedule of Notes and Mortgages Payable</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | 7. <u>Schedule of Legal Proceedings</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | <u>B. Income and Expense Statement</u>  |                          | <input type="checkbox"/> |
|                                      | <u>A.B. Financial Statement Certification</u>   |                          | <input type="checkbox"/> |
| <b>6-4.</b>                          | <u>Financial Statements — FY 2007<sup>1,2</sup></u>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      | <u>A. Balance Sheet</u>   |                          | <input type="checkbox"/> |

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| No.                                  | Item   | N/A  | Incl.  |
|--------------------------------------|--|--|--|
|                                      | <del>1. Aging of Accounts Receivable</del><br><del>2. Aging of Notes Receivable</del><br><del>3. Schedule of Pledged Assets</del><br><del>4. Schedule of Marketable Securities</del><br><del>5. Schedule of Accounts Payable</del><br><del>6. Schedule of Notes and Mortgages Payable</del><br><del>7. Schedule of Legal Proceedings</del><br><del>B. Income and Expense Statement</del><br><del>2530's/APPS Not Applicable to Parent of Operator</del>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| 6-5.                                 | <del>Financial Statements — FY 2006<sup>7</sup></del><br><del>A. Parent</del> <del>Balance Sheet</del><br><del>1. Aging of Accounts Receivable</del><br><del>2. Aging of Notes Receivable</del><br><del>3. Schedule of Pledged Assets</del><br><del>4. Schedule of Marketable Securities</del><br><del>5. Schedule of Accounts Payable</del><br><del>6. Schedule of Notes and Mortgages Payable</del><br><del>7. Schedule of Legal Proceedings</del><br><del>B. Income and Expense Statement</del><br><del>Financial Statement</del>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| 6-6.                                 | <del>Financial Statements — FY 2005<sup>7</sup></del><br><del>A. Balance Sheet</del><br><del>Aging</del> <del>Credit Report</del><br><del>A. Parent of Accounts Receivable</del> <del>Operator</del><br><del>1. Aging</del> <del>Sampling</del> <del>of Notes Receivable</del><br><del>2. Schedule</del> <del>Parent</del> <del>of Pledged Assets</del><br><del>3. Schedule of Marketable Securities</del><br><del>4. Schedule of Accounts Payable</del><br><del>5. Schedule of Notes and Mortgages Payable</del><br><del>6. Schedule of Legal Proceedings</del><br><del>B. Income and Expense Statement</del><br><del>B. Financial Statement</del> <del>Certification</del> <del>Operator's Other Business Concerns</del> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| 5-5.                                 | <del>Operating Lease</del>   |  | <input type="checkbox"/>   |
| <b>Section 6: Parent of Operator</b> |  |  |  |
| 6-7.                                 | <del>Organizational Chart</del>  |  | <input type="checkbox"/>   |
| 6-8.                                 | <del>Organizational Documents</del><br><del>A. Corporate</del><br><del>1. Articles of Incorporation</del><br><del>2. Bylaws</del><br><del>3. Authorizing Resolutions</del><br><del>B. Partnership</del><br><del>1. Partnership Agreement</del><br><del>2. Certificate of Partnership</del><br><del>3. Authorizing Resolutions</del><br><del>C. Limited Liability Company</del><br><del>1. Articles of Organization</del>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |



| No.              | Item   | N/A                      | Incl.                    |
|------------------|--|--------------------------|--------------------------|
|                  | <del>2. Operating Agreement</del>  |                          | <input type="checkbox"/> |
|                  | <del>3. Authorizing Resolutions</del>  |                          | <input type="checkbox"/> |
| <del>6-9.</del>  | <del>B. Resume</del>   |                          | <input type="checkbox"/> |
|                  | <del>C. Schedule of Facilities Owned, Operated or Managed</del>                  |                          | <input type="checkbox"/> |
| <del>6-10.</del> | <del>This Item Intentionally Omitted</del>                                       | <input type="checkbox"/> |                          |
| <del>6-11.</del> | <del>Parent of Operator's Consolidated Certification</del>                       |                          | <input type="checkbox"/> |
| <del>6-12.</del> | <del>Credit Report</del>   |                          | <input type="checkbox"/> |
|                  | <del>C. Parent of Operator</del>   |                          | <input type="checkbox"/> |
|                  | <del>D. Sampling of Parent of Operator's Other Business Concerns</del>           | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>6-13.</del> | Financial Statements – Year-to-Date <sup>5</sup>                                 |                          | <input type="checkbox"/> |
|                  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|                  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 3. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 4. Schedule of Marketable Securities   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 5. Schedule of Accounts Payable  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 6. Schedule of Notes and Mortgages Payable                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 7. Schedule of Legal Proceedings   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|                  | C. Financial Statement Certification   |                          | <input type="checkbox"/> |
| <del>6-14.</del> | Financial Statements – FY <del>2007</del> <sup>7</sup> <u>20XX</u> <sup>10</sup> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|                  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>3. Schedule of Pledged Assets</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>4. Schedule of Marketable Securities</del>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>5. Schedule of Accounts Payable</del>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>6. Schedule of Notes and Mortgages Payable</del>                            | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>7. Schedule of Legal Proceedings</del>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|                  | C. Financial Statement Certification   |                          | <input type="checkbox"/> |
| <del>6-15.</del> | Financial Statements – FY <del>2006</del> <sup>7</sup> <u>20XX</u> <sup>10</sup> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|                  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>3. Schedule of Pledged Assets</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>4. Schedule of Marketable Securities</del>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>5. Schedule of Accounts Payable</del>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>6. Schedule of Notes and Mortgages Payable</del>                            | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <del>7. Schedule of Legal Proceedings</del>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|                  | C. Financial Statement Certification   |                          | <input type="checkbox"/> |

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| No.   | Item   | N/A                      | Incl.                    |
|---|--|--------------------------|--------------------------|
| 6-46.6  | Financial Statements – FY <del>2005</del> <sup>20XX</sup> <sup>10</sup>  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | A. Balance Sheet   |                          | <input type="checkbox"/> |
|   | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <del>3. Schedule of Pledged Assets</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <del>4. Schedule of Marketable Securities</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <del>5. Schedule of Accounts Payable</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <del>6. Schedule of Notes and Mortgages Payable</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <del>7. Schedule of Legal Proceedings</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|   | C. Financial Statement Certification   |                          | <input type="checkbox"/> |
| <b>Section 7: Management Agent<sup>13</sup></b> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7-1.  | Organizational Chart (if applicable – per footnote to this entire section)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7-2.  | Organizational Documents <del>(if applicable – per footnote to this entire section)</del>  |                          | <input type="checkbox"/> |
|   | A. Corporate   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1. <del>Articles of Incorporation</del>  |                          | <input type="checkbox"/> |
|   | 2. <del>Bylaws</del>   |                          | <input type="checkbox"/> |
|   | 3. <del>Authorizing Resolutions</del>  |                          | <input type="checkbox"/> |
|   | B. <del>Partnership</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1. <del>Partnership Agreement</del>  |                          | <input type="checkbox"/> |
|   | 2. <del>Certificate of Partnership</del>   |                          | <input type="checkbox"/> |
|   | 3. <del>Authorizing Resolutions</del>  |                          | <input type="checkbox"/> |
|   | C. <del>Limited Liability Company</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1. <del>Articles of Organization</del>   |                          | <input type="checkbox"/> |
|   | 2. <del>Operating Agreement</del>  |                          | <input type="checkbox"/> |
|   | Authorizing Resolutions <input type="checkbox"/> Partnership <input type="checkbox"/> LLC  |                          |                          |
|   | <input type="checkbox"/> Corporation   |                          |                          |
|   | A. Articles of Incorp.   |                          | <input type="checkbox"/> |
|   | B. Bylaws  |                          | <input type="checkbox"/> |
|   | C. Authoriz'g Resolution   |                          | <input type="checkbox"/> |
|   | A. Partnership Agree'm't   |                          | <input type="checkbox"/> |
|   | B. Cert. of Partnership  |                          | <input type="checkbox"/> |
|   | C. Authoriz'g Resolution   |                          | <input type="checkbox"/> |
|   | A. Articles of Organiz'n   |                          | <input type="checkbox"/> |
|   | B. Operating Agreement   |                          | <input type="checkbox"/> |
|   | C. Authoriz'g Resolution   |                          | <input type="checkbox"/> |
| 7-3.  | HUD Management <del>Forms</del>  |                          | <input type="checkbox"/> |
|   | A. <del>HUD-9832, Management Entity Profile</del>  |                          | <input type="checkbox"/> |
|   | B. <del>Certifications</del>   |                          | <input type="checkbox"/> |
|   | 1. <del>HUD-9839 A, Project Owner's Certification for Owner Managed ... Projects</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 2. <del>HUD-9839 B, Project Owner's/Management Agent's Certification for ... Identity of Interest or Independent Management Agents</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <del>HUD-9839 C, Project Owner's/Borrower's Certification for Elderly Housing Projects Managed by Administrators</del> Form (HUD-9839) (if applicable – per footnote to this entire section)                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7-4.  | Management Agreement   |                          | <input type="checkbox"/> |
| 7-5.  | A. <del>Resume</del>   |                          | <input type="checkbox"/> |
|   | A. <u>Resume / Evidence that individual or entity is qualified</u>   |                          | <input type="checkbox"/> |
|   | B. Schedule of Facilities Owned, Operated or Managed   |                          | <input type="checkbox"/> |
| 7-6.  | <del>APPS Certification 2530/APPS:<sup>9</sup></del>   |                          | <input type="checkbox"/> |
|   | A. Paper 2530:   |                          | <input type="checkbox"/> |
|   | 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) | <input type="checkbox"/> | <input type="checkbox"/> |

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| No.  | Item   | N/A                      | Incl.                    |
|--|--|--------------------------|--------------------------|
|  | <u>2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants.</u><br><a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a><br><b>OR</b><br><u>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7-7.   | Management Agent's Consolidated Certification <sup>14</sup>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7-8.   | Credit Report  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 8: <del>Contractor</del>Real Estate</b> |  |                          |                          |
| <del>8-1.</del>                                    | <del>This Item Intentionally Omitted</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-2.</del>                                    | <del>This Item Intentionally Omitted</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-1</del>                                     | <u>A. Resumelf Land is to be purchased:</u><br><u>1. Purchase and Sale Agreement for Land</u><br><u>2. Amendments or AIA A305, Contractor's QualificationExtension Agreements to Purchase and Sale Agreement</u><br><u>B. Last Arm's Length Certification</u><br><u>a. Purchase contract or Settlement Statement</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-2</del>                                     | <u>APPS CertificationLicenses</u><br><u>A. Certificate of Need (if applicable)</u><br><u>B. Faciltiy License, copy of application<sup>15</sup></u><br><u>A-C. Operator (Lessee) or Management Agent (if applicable)</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-3.</del>                                    | <del>Contractor's Consolidated Certification</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-3</del>                                     | <u>Title</u><br><u>A. Preliminary TitleCredit Report</u><br><u>A. Contractor</u><br><u>B. SamplingPro Forma – 2006 ALTA Title Insurance Policy</u><br><u>1. ALTA Form Environmental Endorsement</u><br><u>2. ALTA Form Comprehensive Endorsement</u><br><u>3. ALTA Form Endorsement deleting Arbitration Clause</u><br><u>4. ALTA Location of Contractor's Improvements Endorsement</u><br><u>5. Access and Entry (ALTA 17-06)</u><br><u>6. Arbitration Clause deleted</u><br><u>7. Zoning (ALTA 3.0-06 or equivalent)</u><br><u>8. Encroachments</u><br><u>9. Tax Parcel (ALTA 18-06 or equivalent)</u><br><u>10. Other Business Concerns: _____</u><br><u>B-C. Exception Documents</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-4</del>                                     | <del>ALTA/ACSM Land Title Survey (completed according to Survey Instructions &amp; Owner's Certification)</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-5</del>                                     | <u>Evidence of compliance</u><br><u>A. Zoning</u><br><u>B. Building Codes</u><br><u>C. Verification of Zoning and Code Variances (if applicable)</u><br><u>D. Conformance letter from the governing Fire Department/District (applicable if above ground tanks exist on the site; whether containing liquid fuel or containing pressurized gas)</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>8-6</del>                                     | <u>Municipal services and other utility assurance letters</u><br><u>A. Electricity</u><br><u>B. Natural Gas</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

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| No.  | Item   | N/A                      | Incl.                    |
|--|--|--------------------------|--------------------------|
|  | C. Telephone   |                          | <input type="checkbox"/> |
|  | D. Cable Television  |                          | <input type="checkbox"/> |
|  | E. Water and Sewer Service   |                          | <input type="checkbox"/> |
|  | F. Garbage Collection  |                          | <input type="checkbox"/> |
|  | G. Storm Sewer   |                          | <input type="checkbox"/> |
| 8-7  | Commercial Space Leases (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-8  | Land Lease (Ground Lease) including HUD requirements/provisions outlined in FHA Form 2070 (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-9  | Real Estate Tax Abatement/Exemption (if applicable)<br>A. Evidence of abatement or exemption<br>B. Form FHA-1708, Agreement for Payment of Real Property Taxes   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-10   | Floodplain <sup>16</sup><br>A. Evidence of participation in an early warning system<br>B. Emergency evacuation and relocation plan<br>C. Identification of evacuation route(s) out of the 500-year floodplain<br>D. Identification marks of past or estimated flood levels on all structures<br>E. Evidence that current or prospective tenants have been or will be informed of the flood hazard.<br>F. Conditional Letter of Map Revision (CLOMR) from FEMA that will remove the property from the FEMA-designated 100 year floodplain when the conditions are met.<br>G. A narrative discussing the following matters:<br>• Reasons why the proposal must be located in a floodplain.<br><br>• Alternative sites: Identify all practicable alternative sites outside the floodplain that were considered within the local housing market area, the local public utility service area, or whichever geographic area is more appropriate. The actual sites must be identified and the reasons for the non-selection of those sites as practicable alternatives must be described.<br><br>• All mitigation measures to be taken to minimize adverse impacts and to restore and preserve natural and beneficial values. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-11   | State Historic Preservation Office letter/requirements   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-12   | Easements and Maintenance Agreements<br>A. Existing<br>B. Proposed   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 9: Operations</b>   |  |                          |                          |
| 9-1  | Budgets: (each including census mix and occupancy assumptions)<br>A. Stabilized Operating budget (12-months)<br>B. Initial Lease-Up budget (monthly, initial occupancy to stabilized occupancy)  |                          | <input type="checkbox"/> |
| 9-2  | Staffing schedule (including job titles, salaries, and full time equivalents (FTE))  |                          | <input type="checkbox"/> |
| 9-3  | Reimbursement<br>A. Application for Medicare Provider Agreement<br>B. Application for Medicaid Provider Agreement  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9-4  | HUD-935.2A, Affirmative Fair Housing Marketing Plan  |                          | <input type="checkbox"/> |
| <b>Section 10: Professional Liability Insurance (PLI)<sup>17</sup></b> |  |                          |                          |
| 10-1   | Information on the PLI provider:<br>A. Copy of each insurance carrier's license – showing the name of insurance carrier<br>B. Evidence of insurance company(s) rating (Print-out from AM Best Rating or other)   | <input type="checkbox"/> | <input type="checkbox"/> |

| No.   | Item  | N/A                      | Incl.                    |
|---|---|--------------------------|--------------------------|
| 10-2.   | <u>Limits of coverage and list of facilities (including bed counts) included under this coverage.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-3.   | <u>State licensing surveys shall be transmitted as part of the application for the last three years of all individual facilities of the operator if the operator has less than five facilities to determine the quality of care provided by the operator. If the operator has five or more facilities, complete copies of state licensing surveys for all facilities with serious unresolved deficiencies (deficiencies where there is actual harm to residents commonly referred to as "G" or higher level deficiencies) shall be transmitted if this deficiency has not been removed within a one month period. If any facility has recent (within the last 2 years) resolved "G" or higher citations/deficiencies, submit the inspection report. Please provide a narrative discussion regarding the topic, the risk and how it will be mitigated.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-4.   | <p><u>The operator or its parent operator must submit a six-year loss history of professional liability claims filed against it for all facilities controlled by the operator or parent operator. The six-year loss history should be provided in annual summary form (prepared by the insurance company or third-party administrator) and should:</u></p> <ul style="list-style-type: none"> <li><u>• Provide a current inventory of all paid or settled claims;</u></li> <li><u>• Break out the expected cost of claims in a year by year summary. In separate line items, list the amount of the actual and/or anticipated awards, claims expenses, and any funds reserved for estimated claims;</u></li> <li><u>• List total actual or estimated claims costs for compensatory damages, medical expenses, punitive damages and legal expenses incurred processing the claim;</u></li> <li><u>• Identify potential or expected professional liability claims in excess of \$10,000 that have been or may be filed for all periods within the statute of limitations for the State where the claim occurred;</u></li> <li><u>• Include a brief discussion or chart that provides the timeframe for the statutes of limitations for filing claims of negligence, injuries, wrongful death, and/or improper care based-the law in the states where the parent operator's facilities are located.</u></li> <li><u>• Include a certification from the parent operator (operator – if no parent) as to the accuracy of this documentation. The certification must be signed, and dated by a senior officer of the parent operator (operator – if no parent), and include the following statement:</u><br/><br/> <u>"HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)"</u> </li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-5.   | <u>Evidence of current PLI cost</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-6.   | <u>Actuarial study, most recent<sup>18</sup> (if applicable)</u><br><u>Note: This information is considered proprietary and is exempt from Freedom of Information Act requests.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 11: Additional Funding Sources</b> |   |                          |                          |
| 11-1  | <u>Grants and/or Loan</u> <ul style="list-style-type: none"> <li><u>• Commitment letter (specifying amount, intended use, conditions)</u></li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |

| No.  | Item   | N/A                      | Incl.                    |
|--|--|--------------------------|--------------------------|
| <b>11-2</b>  | <b>Bond Financing</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | • Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost.   |                          |                          |
| <b>11-3</b>  | <b>Tax Credits</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule)  |                          | <input type="checkbox"/> |
|  | B. Acknowledgment/Release (Addendum 9 of HUD Notice H 95-4)  |                          | <input type="checkbox"/> |
|  | C. Reservation, executed copy  |                          | <input type="checkbox"/> |
|  | D. Source and Use Statement (Addendum 4 of HUD Notice H 95-4)  |                          | <input type="checkbox"/> |
|  | E. HUD-2880, Applicant/Recipient Disclosure/Update Report  |                          | <input type="checkbox"/> |
|  | F. Bridge Loan agreements  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 12: Accounts Receivable Financing Documents</b> |  | <input type="checkbox"/> |                          |
| <b>12-1</b>  | <b>Revolving Loan Note</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-2</b>  | <b>AR Loan Agreement and All Amendments</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-3</b>  | <b>Lessee Security Agreement with FHA Lender</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-4</b>  | <b>UCC-1 Filings and UCC Searches (all)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-5</b>  | <b>Guarantees (if applicable)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-6</b>  | <b>Cash Flow Chart</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-7</b>  | <b>Intercreditor Agreement (ICA) between A/R Lender and FHA Lender</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-8</b>  | <b>HUD Rider to Intercreditor Agreement</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-9</b>  | <b>AR Lender Lock-box Agreement or equivalent control agreement</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-10</b>   | <b>Accounts Receivable Financing Certifications (Format posted to HUD.GOV)</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12-11</b>   | <b>Security Agreement with AR Lender and Amendments</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 13: Contractor</b>                              |  |                          |                          |
| <b>13-1</b>  | <b>This Item Intentionally Omitted</b>   | <input type="checkbox"/> |                          |
| <b>13-2</b>  | <b>This Item Intentionally Omitted</b>   | <input type="checkbox"/> |                          |
| <b>13-3</b>  | <b>Resume or AIA A305, Contractor's Qualification Statement</b>  |                          | <input type="checkbox"/> |
| <b>13-4</b>  | <b>2530/APPS:</b>  |                          | <input type="checkbox"/> |
|  | A. Paper 2530:   |                          |                          |
|  | 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)           |                          |                          |
|  | 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants.<br>(http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)   |                          |                          |
|  | <b>OR</b>  |                          |                          |
|  | B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) |                          |                          |
| <b>13-5</b>  | <b>Contractor's Consolidated Certification</b>   |                          | <input type="checkbox"/> |
| <b>13-6</b>  | <b>Credit Report</b>   |                          | <input type="checkbox"/> |
|  | A. Contractor  |                          | <input type="checkbox"/> |
|  | B. Sampling of Contractor's Other Business Concerns  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>13-7</b>  | <b>Financial Statements – Year-to-Date<sup>5</sup></b>   |                          | <input type="checkbox"/> |
|  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |

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| No.  | Item   | N/A                      | Incl.                    |
|--|--|--------------------------|--------------------------|
|  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 3. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 4. Schedule of Marketable Securities                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 5. Schedule of Accounts Payable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 6. Schedule of Notes and Mortgages Payable                               | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 7. Schedule of Legal Proceedings   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 8. SCHEDULE OF WORK IN PROGRESS  |                          | <input type="checkbox"/> |
|  | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|  | C. Financial Statement Certification                                     |                          | <input type="checkbox"/> |
| <b>13-8</b>  | Financial Statements – FY <del>2007</del> <sup>20XX</sup> <sup>10</sup>  | <input type="checkbox"/> |                          |
|  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 3. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 4. Schedule of Marketable Securities                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 5. Schedule of Accounts Payable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 6. Schedule of Notes and Mortgages Payable                               | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 7. Schedule of Legal Proceedings   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|  | C. Financial Statement Certification                                     |                          | <input type="checkbox"/> |
| <b>13-9</b>  | Financial Statements – FY <del>2006</del> <sup>20XX</sup> <sup>10</sup>  | <input type="checkbox"/> |                          |
|  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 3. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 4. Schedule of Marketable Securities                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 5. Schedule of Accounts Payable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 6. Schedule of Notes and Mortgages Payable                               | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 7. Schedule of Legal Proceedings   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | B. Income and Expense Statement  |                          | <input type="checkbox"/> |
|  | C. Financial Statement Certification                                     |                          | <input type="checkbox"/> |
| <b>13-10</b>   | Financial Statements – FY <del>2005</del> <sup>20XX</sup> <sup>10</sup>  | <input type="checkbox"/> |                          |
|  | A. Balance Sheet   |                          | <input type="checkbox"/> |
|  | 1. Aging of Accounts Receivable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 2. Aging of Notes Receivable   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 3. Schedule of Pledged Assets  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 4. Schedule of Marketable Securities                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 5. Schedule of Accounts Payable  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 6. Schedule of Notes and Mortgages Payable                               | <input type="checkbox"/> | <input type="checkbox"/> |
|  | B. Schedule of Legal Proceedings   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | C. Income and Expense Statement  |                          | <input type="checkbox"/> |
|  | D. Financial Statement Certification                                     |                          | <input type="checkbox"/> |
| <b>Section 914: Construction and Architectural Documents</b> |  |                          |                          |
| <b>14-1</b>  | Plans <sup>19</sup> (to include separate plans for Offsite Construction) |                          | <input type="checkbox"/> |

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| No.                           | Item  | N/A                      | Incl.                    |
|-------------------------------|---|--------------------------|--------------------------|
| 14-8                          | <u>Assurance of Completion</u> <sup>28</sup><br><ul style="list-style-type: none"> <li>Commitment Letter from Surety or</li> <li>Commitment Letter from Bank for Letter of Credit</li> <li><del>Municipal services and other utility assurance letters</del></li> <li><del>A. Electricity</del></li> <li><del>B.A. Natural Gas</del></li> <li><del>C.A. Telephone</del></li> <li><del>D.A. Cable Television</del></li> <li><del>E.A. Water and Sewer Service</del></li> <li><del>F.A. Garbage Collection</del></li> <li><del>Storm Sewer</del></li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-2                          | Commercial Space Leases (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-8                          | Land Lease (Ground Lease) (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-9                          | <u>Real Estate Tax Abatement/Exemption (if applicable)</u><br><u>A. Evidence of abatement or exemption</u><br><u>B. Form FTA-1708, Agreement for Payment of Real Property Taxes</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14-9                          | <u>Owner-Architect Agreement on AIA Form B181 and Amendments</u><br><u>Design Floodplain</u> <sup>30</sup> (if not provided at Pre-Application Stage)<br><u>A. Evidence of participation in an early warning system</u><br><u>B.A. Emergency evacuation and relocation plan</u><br><u>C.A. Identification of evacuation route(s) out of the 500-year floodplain</u><br><u>D.A. Identification marks of past or estimated flood levels on all structures</u><br><u>E.A. Evidence that current or prospective tenants have been or will be informed of the flood hazard</u><br><u>F. Conditional Letter of Map Revisions (CLOMR) from FEMA that will remove the property from the FEMA-designated 100-year floodplain when the conditions are met.</u><br><u>G. A narrative discussing the following matters:</u><br><u>(i) The reasons as to why the proposal must be located in the floodplain;</u><br><u>D.A. alternative sites<sup>30</sup>; and; Supervisory Architect</u><br><u>B. all mitigation measures to be taken to minimize adverse impacts and to restore and preserve natural and beneficial values.</u> Design architect only<br><u>C. Supervisory Architect only</u><br><u>E.D. Other(s)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-10                         | State Historic Preservation Office letter/requirements (if not provided at Pre-Application Stage)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14-10                         | <u>Information regarding offsite storage of approved building materials, if applicable</u> <sup>31</sup><br><u>Easements and Maintenance Agreements</u><br><u>A. Existing</u><br><u>Proposed</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 11: Operations</b> |   |                          |                          |
| 11-1                          | <u>Budgets (each including census mix and occupancy assumptions)</u><br><u>A. Stabilized Operating budget (12 months)</u><br><u>B. Initial Lease Up budget (monthly, initial occupancy to stabilized occupancy)</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-2                          | Staffing schedule (including job titles, salaries, and full-time equivalents (FTE))   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14-11                         | <u>Design Architect Certification/Reimbursement</u><br><u>A. Application for Medicare Provider Agreement</u><br><u>B. Application for Medicaid Provider Agreement</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-3                          | HUD-935.2A, Affirmative Fair Housing Marketing Plan   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-4                          | Additional Facility Information <sup>32</sup>   | <input type="checkbox"/> | <input type="checkbox"/> |

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| No.  | Item  | N/A                      | Incl.                    |
|--|---|--------------------------|--------------------------|
| <b>Section 12: Professional Liability Insurance (PLI)<sup>34</sup></b> |   |                          |                          |
| <del>12-1.</del>   | <del>Schedule of Facilities Covered by PLI Policy.</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-2.</del>   | <del>State licensing inspection reports, most recent, for all facilities identified on insured's Schedule of Facilities Owned, Operated or Managed.</del>         | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-3.</del>   | <del>Loss history (N/A if subject will be the only facility on the policy)</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-4.</del>   | <del>Potential claims certification (N/A if subject will be the only facility on the policy)</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-5.</del>   | <del>This item intentionally omitted</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-6.</del>   | <del>Evidence of anticipated PLI cost</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-7.</del>   | <del>Evidence of Proposed Insurer's Rating</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>12-8.</del>   | <del>Actuarial study, most recent<sup>34</sup> (if applicable)</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Section 13: Additional Funding Sources</b>                          |   |                          |                          |
| <del>13-1.</del>   | <del>Grants and/or Loan</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <del>• Commitment letter (specifying amount, intended use, conditions)</del>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>13-2.</del>   | <del>Bond Financing</del>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <del>• Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost.</del> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15   | Other- Tax Credits  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay in schedule)   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | B.A. Acknowledgment/Release (Addendum 9 of HUD Notice H-95-4)   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | C.A. Reservation, executed copy   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | D.A. Source and Use Statement (Addendum 4 of HUD Notice H-95-4)   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | E.A. HUD-2880, Applicant/Recipient Disclosure/Update Report   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | F. Bridge Loan agreements   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Subsidy layering review (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |

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- 1 - Please have check include reference to project name, location, mortgagee number, and purpose – FHA application fee.
- 2 - Lender shall not make any alterations to the narrative format. If a particular section does not apply within the narrative, it should specifically be noted as NOT APPLICABLE.
- 3 - Microsoft Word version of Draft Firm Commitment is to be provided electronically
- 4 - Appraisal and Market Study reports must be submitted within 120 calendar days of the date of the site inspection. The Phase I Environmental reports/report must be dated/submitted within 180 calendar days of the date of the sitedate of inspection. ~~Architectural and Cost Reports must be dated within 120 days of the final report date.~~
- 5 ~~Nonprofit Mortgagor documentation only required when the nonprofit loan constraints are used.~~
- 6 - Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/IPA. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.
- 7 - This section of the checklist needs to be completed separately for each principal. The Lender should add a new section and label it with the name of each principal.
- 8 - If a principal is a business entity (i.e. corporation, partnership) with an operating history, a credit report will be required only on the business firm, not the owners of the firm.
- 9 For New Construction, Substantial Rehabilitation, and Blended Rate projects the firm commitment application must include the last three full years and year-to-date financial statements for the party who will be responsible for providing the financial requirements for closing and beyond. The Lender Narrative must also include a discussion on the available working capital of this party and their ability to support the project over the long term. In cases where a group of individuals come together on one project to meet the cash requirement a full year HUD-92417 on each will be satisfactory.
- 10 - Previous Participation for principals of the Operator and the Management Agent may also be required.

11 - Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.

12 - Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.

13 - See Matrix below to determine which items in this Section need to be provided with the application:

| Scenario # | Description of Participant Roles  | Note  | Checklist Items to complete                       |
|------------|---|---|---|
| 1          | Mortgagor is Owner/Operator. One entity   |   | Nothing from Section 9, items 3 and 47            |
| 2          | Mortgagor has a Management Agent  |   | All of Section 97                                 |
| 3          | <del>Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent.</del>  |   | Nothing from Section 9                            |
| 43         | Mortgagor owns building and land, and leases to Operator who holds the license. <del>There is no Management Agent provides services to Operator but doesn't control the license or contract for patient services and is not party to Provider Agreements.</del> |   | Nothing from Section 97                           |
| 4a4        | Mortgagor owns building and land, and leases to Operator. There is also a Management Agent <del>who controls the license, contracts for patient services and/or is party to Provider Agreements.</del>  | Both Operator and Management Agent experience is necessary. | All of Section 9 Exhibits 7-4; 7-5; 7-6; 7-7; 7-8 |

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14 - This consolidated certification is in addition to the form HUD-9839.

15 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity), identification of the entity that is anticipated to hold the license(s), and the number of beds that will be covered by the license(s).

16 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain. The 8-step process is not required for HUD's approval of a project site when only an incidental portion of the site is situated in an adjacent floodplain when: (i) The proposed construction and landscaping activities (except for minor grubbing, clearing of debris, pruning, sodding, seeding, etc.) do not occupy or modify the 100-year floodplain or the 500-year floodplain; (ii) appropriate provision is made for site drainage; and (iii) a covenant or comparable restriction is placed on the property's continued use to preserve the floodplain.

17 - Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

18 - Actuarial study required if the entity utilizes self-insurance. If the entity utilizes commercial (3<sup>rd</sup> party) PLI, submit an actuarial study only if one has been previously completed.

19 - Plans provided with the Firm Application must be complete and reflect the facility is ready to be built. Hard copies of the plans are not required; however, a PDF, electronic version must be provided. Specifications provided with the Firm Application shall include Division I (when using the MasterFormat 1995) or Division 00-73-00 (when using the MasterFormat 2010); of the specifications (which includes the Davis-Bacon Wage Decision, wage decision and form HUD-

2554, Supplementary Conditions of the Contract for Construction. Hard copies of the specifications are not required; however, must be provided in a PDF, electronic version must be provided with the application. Note that the Lender's Architectural Reviewer is still required to review the complete specifications.

20 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.

<sup>21</sup> - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.

22 - Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:

- a) For non-elevator or three-story stories or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit on BSPRA transactions. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.
- b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit on BSPRA transactions. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.

23 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.

<sup>24</sup> - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.

<sup>25</sup> - Intergovernmental Review is only required in States that participate in Single Point of Contact Process (SPOC). The website [www.whitehouse.gov/omb/grants](http://www.whitehouse.gov/omb/grants) currently lists these states (click on the Intergovernmental Review — SPOC list). The submittal to the SPOC must include a completed form SF 424. The SPOC has 30 days from receipt to reply. If they do not reply to you within that timeline, you can assume that the Intergovernmental Review is complete.

<sup>26</sup> - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2-B, HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity); identification of the entity that is anticipated to hold the license(s); and the number of beds that will be covered by the license(s).

27 - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.

28 - Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:

- a) For non-elevator or three-story stories or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit on BSPRA transactions. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.
- b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit on BSPRA transactions. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.

<sup>29</sup> - Floodplain information is only required if the property is located in a 100- or 500-year floodplain. The 8-step process is not required for HUD's approval of a project site when only an incidental portion of the site is situated in an adjacent floodplain when: (i) The proposed construction and landscaping activities (except for minor grubbing, clearing of debris, pruning, sodding, seeding, etc.) do not occupy or modify the 100-year floodplain or the 500-year floodplain; (ii) appropriate provision is made for site drainage; and (iii) a covenant or comparable restriction is placed on the property's continued use to preserve the floodplain.

<sup>30</sup> —Identify all practicable alternative sites outside the floodplain that were considered within the local housing market area, the local public utility service area, or whichever geographic area is more appropriate. The actual sites must be identified and the reasons for the non-selection of those sites as practicable alternatives must be described

31 - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.

<sup>32</sup> —Please refer to outline titled “Additional Facility Information” found in Lender’s Tools on the FHA.Gov Lean website for information that MUST be included in this document.

33—Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

34—Actuarial study only required if the Insured participates in more than 50 healthcare facilities.